

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1957

35749

STATE FILE NUMBER

4946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp.			Length of stay in hospital 8 yrs	d. STREET ADDRESS 2437 East 67 Terr			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE Last CONSTANCE FLORENCE CUMMINS				4. DATE OF DEATH Month Day Year 10 24 57					
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-7-1877		9. AGE (In years last birthday) 80			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Christian Frederick Bauer				14. MOTHER'S MAIDEN NAME Martha Wineter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT Fred B. Nelson, 445 W. 58th Terrace					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage (Right) DUE TO (b) Dilated Myocardium DUE TO (c) Diffuse Arteriosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 260X								INTERVAL BETWEEN ONSET AND DEATH 10-12-57 By Court 29th	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY - STATE			
21. I attended the deceased from 7-27-54 to 10-24-57 and last saw her alive on 10-24-57 Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Win. W. Thompson (Degree or title)				22b. ADDRESS 6218 Prospect, K.C. Mo.				22c. DATE SIGNED 10-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-28-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.		23d. LOCATION (City, town, or county) Kansas City, Mo.			
24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo.				25. DATE RECD. BY LOCAL REG. 10-25-57		26. REGISTRAR'S SIGNATURE Irene Minshall			

(Licensed Embalmer's Statement on Reverse Side)



DE
3-7126

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by; Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address H.C.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.